

**East Tennessee Human Resource Agency  
Low Income Home Energy Assistance Program  
ENERGY ASSISTANCE APPLICATION**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
**Applicant Name Address City County of Residence**  
 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. **Energy Source:** Electric\_\_\_\_, Natural Gas\_\_\_\_, LP Gas\_\_\_\_, Wood\_\_\_\_, Coal\_\_\_\_, Kerosene\_\_\_\_, Fuel Oil\_\_\_\_  
**Phone Number # in Household**

6. **Name, address, phone number and account number of your fuel/ utility supplier:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Is this account in landlord's name?** Y \_\_\_\_ N \_\_\_\_

7. **Veteran or Active Military**  
 Yes \_\_\_\_ No \_\_\_\_  
 (Documentation must be provided)

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF \_\_\_\_\_ IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.

8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. **Marital Status:** \_\_\_\_\_  
**Housing:** (Rent, Own, Sec. 8, Public Housing) **Utility Overage/Utility Reimbursement** (Married, Separated, Divorced, Widowed, Single)

11. **Household Members Receiving Food Stamps:** Yes \_\_\_\_ No \_\_\_\_ 12. **Health Insurance:** Yes \_\_\_\_ No \_\_\_\_

13. **Enter the names, full social security numbers, income sources, monthly amounts, birthdates, race and sex for all household members:**  
**Documentation of income for all household members over 18 must be included** (If more than 4 household members, use on back)  
 \*assistance will be denied due to an applicant's refusal to furnish all household members' social security numbers and verification

1. _____ <b>Name</b>	2. _____ <b>Name</b>	3. _____ <b>Name</b>	4. _____ <b>Name</b>
_____ <b>SS #</b>	_____ <b>SS#</b>	_____ <b>SS#</b>	_____ <b>SS#</b>
<b>Income Source(s)</b>	<b>Income Source(s)</b>	<b>Income Source(s)</b>	<b>Income Source(s)</b>
\$ _____ <b>Monthly Amount</b>	\$ _____ <b>Monthly Amount</b>	\$ _____ <b>Monthly Amount</b>	\$ _____ <b>Monthly Amount</b>
_____ <b>Birthdate</b>	_____ <b>Birthdate</b>	_____ <b>Birthdate</b>	_____ <b>Birthdate</b>
_____ <b>Health Ins?</b>	_____ <b>Health Ins?</b>	_____ <b>Health Ins?</b>	_____ <b>Health Ins?</b>
_____ <b>Race</b>	_____ <b>Race</b>	_____ <b>Race</b>	_____ <b>Race</b>
_____ <b>Sex</b>	_____ <b>Sex</b>	_____ <b>Sex</b>	_____ <b>Sex</b>
_____ <b>Education Level</b>	_____ <b>Education Level</b>	_____ <b>Education Level</b>	_____ <b>Education Level</b>

14. **Have you received assistance under the LIHEAP program from any TN Agency since October 1, 2023?** Yes \_\_\_\_ No \_\_\_\_  
 If yes, which Agency provided assistance? \_\_\_\_\_

15. **Any household member with a disability:** Yes \_\_\_\_ No \_\_\_\_ **Name of household member disabled:** \_\_\_\_\_

16. **Does any household member receive regular financial assistance for disability?** Yes \_\_\_\_ No \_\_\_\_  
**Disability:** \_\_Mental Illness \_\_Learning \_\_Cognitive \_\_Visual \_\_Speech \_\_Hearing \_\_Deaf \_\_Breathing \_\_Orthopedic \_\_\_\_Other  
**Do you have a signed medical statement that medical life support is required for your household?** Yes \_\_\_\_ No \_\_\_\_

17. **Are you interested in the Weatherization Assistance Program?** Yes \_\_\_\_ No \_\_\_\_

18. **Has Residence been served under the Weatherization Assistance Program?** Yes \_\_\_\_ No \_\_\_\_

**Applicant Certification:** I certify that all of the information provided by me is true and correct. I attest under penalty of perjury that the applicant is a United States citizen or a qualified alien as defined by U. S. C § 1641(b). I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of LIHEAP assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal process under provisions of the Low Income Home Energy Assistance Program. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for LIHEAP and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the program(LIHEAP). I am the customer of record, the customer's authorized agent, or an authorized third party for the utility service account identified in this application, and I authorize my utility service provider to disclose my customer data as requested by the LIHEAP administering agency.  
 I do \_\_\_\_ or do not \_\_\_\_ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. **Type of assistance applying for:** \_\_\_\_ **Energy** \_\_\_\_ **Crisis**  
**Applicant Signature Date**

*No person on the basis of handicap, race, color, religion, sex, age, or national origin will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP program.*

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Annual HH Income Verified

\_\_\_\_\_  
Signature of Reviewer      \_\_\_\_\_ Date

**IF APPLYING FOR "CRISIS" ASSISTANCE, TELL US WHY?**

Has your electric or gas been disconnected? Y \_\_\_\_ N \_\_\_\_  
 Have you received a cut off notice? Y \_\_\_\_ N \_\_\_\_

\*\* If you have received a cut off notice, please attach a copy